

CONSTITUENT ASSISTANCE FORM

(Please fill out this form in its entirety, print it and send it to the district office via mail, email or fax)

DATE _____

NAME* _____

ADDRESS* _____

CITY* _____ ZIP CODE* _____

PHONE* _____

FAX _____

EMAIL _____

** required information*

Have you contacted any other legislative office regarding this matter? YES NO

If so, which one? _____

Please select the issue for which you are requesting assistance. Include any pertinent information to your case (include file numbers and relevant identification numbers).

- ☐ Department of Motor Vehicles
- ☐ Employment Development Department
- ☐ Labor
- ☐ Insurance
- ☐ Franchise Tax Board
- ☐ HMO/ Health Organization
- ☐ Other State Agency _____
- ☐ Local Issue (trash services, pothole etc...)
- ☐ Federal Issue (immigration, social security, IRS, etc...)

Brief explanation of the problem:

In accordance with the Privacy Act, I hereby authorize the 79th Assembly District Office to make inquiries on my behalf and facilitate the transfer of information to and from federal, state and local agencies processing this request for assistance.

Signature